

RECEIVED  
CENTRAL FAX CENTER  
JAN 13 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of  
ALPHONS A.M.L. BRUEKERS et al.Atty. Docket  
NL 010009

Serial No.: 10/046,991

Group Art Unit: 2133

Filed: January 15, 2002

Examiner: Shelly A. Chase

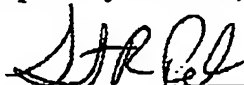
Title: METHOD AND APPARATUS FOR PROTECTING  
LOSSLESS TRANSMISSION OF A DATA STREAMCommissioner for Patents  
Alexandria, VA 22313-1450PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Sir:

Applicant hereby petitions for a TWO (2) month extension of time to respond to the Office Action mailed on August 12, 2004. Because of this extension the time period for response will expire on January 12, 2005. Filed herewith is a response to the above-referenced Office Action.

Please charge Deposit Account No. 14-1270 in the amount of \$430.00 in payment of the fee for this extension; and charge any additional fees except for the Issue Fee, and credit any overpayment, to Deposit Account No. 14-1270.

Respectfully submitted,


Steven R. Petersen, Reg. No. 31,287  
Attorney  
(914) 333-9640

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that, on the date set forth below, this correspondence is being:

- ☒ transmitted to the United States Patent and Trademark Office, Fax No. 703-872-9306 ( 1 page)
- ☐ deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450.

By:

  
Steven R. Petersen

Date:

January 12, 2005

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

10/046991

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 18            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 18 minus 20 = | 0                        |
| INDEPENDENT CLAIMS               | 238 minus 3 = | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | 17                               | Minus | 20                                 | = -           |
| Independent   | 3                                | Minus | 3                                  | = -           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18=    |        |
| X84=      |        |
| +280=     |        |
| TOTAL     | 740    |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$ 9=         |                |
| X42=           |                |
| +140=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$18=         |                |
| X84=           |                |
| +280=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$ 9=         |                |
| X42=           |                |
| +140=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$18=         |                |
| X84=           |                |
| +280=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$ 9=         |                |
| X42=           |                |
| +140=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$18=         |                |
| X84=           |                |
| +280=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

TOTAL ADDIT. FEE

OR TOTAL ADDIT. FEE

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | 20                               | Minus | 20                                 | = 0           |
| Independent   | 3                                | Minus | 3                                  | = 0           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   |                                  | Minus |                                    | =             |
| Independent   |                                  | Minus |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY